



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C. L. "BUTCH" OTTER, GOVERNOR
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July 28, 2009

Teresa Carpenter
Preferred Community Homes - Courtyard
615 Second Avenue West
Wendell, ID 83355

RE: Preferred Community Homes - Courtyard, provider #13G057

Dear Ms. Carpenter:

This is to advise you of the findings of the Medicaid/Licensure survey of Preferred Community Homes - Courtyard, which was conducted on July 16, 2009.

Enclosed is a Statement of Deficiencies/Plan of Correction Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for all individuals potentially impacted by the deficient practice.
2. Identify the person or discipline responsible for monitoring the changes in the system to ensure compliance is achieved and maintained. This is to include how the monitoring will be done and at what frequency the person or discipline will do the monitoring.
3. Identify the date each deficiency has been, or will be, corrected.
4. Sign and date the form(s) in the space provided at the bottom of the first page.

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5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **August 10, 2009**, and keep a copy for your records.

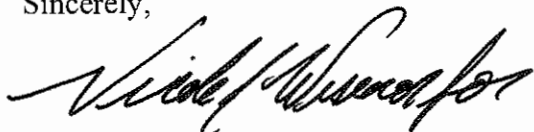
You have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in Informational Letter #2007-02. Informational Letter #2007-02 can also be found on the Internet at:

<http://www.healthandwelfare.idaho.gov/site/3633/default.aspx>

This request must be received by August 10, 2009. If a request for informal dispute resolution is received after August 10, 2009, the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Thank you for the courtesies extended to us during our visit. If you have questions, please call this office at (208) 334-6626.

Sincerely,



MONICA WILLIAMS
Health Facility Surveyor
Non-Long Term Care



NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

MW/mlw

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/24/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G057	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		<div style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</div> <div style="text-align: right;"> AUG 07 2009 07/16/2009 </div>	
NAME OF PROVIDER OR SUPPLIER PREFERRED COMMUNITY HOMES - COURTYARD			STREET ADDRESS, CITY, STATE, ZIP CODE 615 SECOND AVENUE WEST WENDELL, ID 83355			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
W 000	INITIAL COMMENTS The following deficiencies were cited during the recertification survey. The survey was conducted by: Monica Williams, QMRP, Team Leader Jim Troutfetter, QMRP Common abbreviations used in this report are: AQMRP - Assistant Qualified Mental Retardation Professional BMP - Behavior Management Program IPP - Individual Program Plan LPN - Licensed Practical Nurse MAR - Medication Administration Record NOS - Not Otherwise Specified QMRP - Qualified Mental Retardation Professional RSC - Resident Service Coordinator	W 000	W 000 INITIAL COMMENTS "Preparation and implementation of this plan of correction does not constitute admission or agreement by Courtyard with the facts, findings or other statements as alleged by the state agency dated July 16, 2009. Submission of this plan of correction is required by law and does not evidence the truth of any or some of the findings as stated by the survey agency. Courtyard - Preferred Community Homes, specifically reserves the right to move to strike or exclude this document as evidence in any civil, criminal or administrative action."			
W 104	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on record review and staff interviews it was determined the facility's governing body failed to take actions that identified and resolved systematic problems for the individuals residing at the facility. This failure had the potential to negatively impact 7 of 7 individuals (Individuals #1 - #7) residing at the facility. The findings include: 1. The governing body failed to provide sufficient operating direction over the facility to ensure continued correction of past deficiencies related to ensuring corrective action was taken to prevent	W 104	W 104 483.410(a)(1) GOVERNING BODY Refer to W 157 Refer to W 159 Refer to W 237 Refer to W 289			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Teresa Carpenter

Admin

8-7-09 mms

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 104	Continued From page 1 reoccurrence of significant incidents. The facility was previously cited at W157 during a recertification survey dated 9/25/08 and a complaint survey dated 2/6/09. 2. The governing body failed to provide sufficient operating direction over the facility to ensure continued correction of past deficiencies related to the failure to ensure individuals' services were sufficiently coordinated and monitored by the QMRP. The facility was previously cited at W159 during a complaint survey dated 7/2/08 and a recertification survey dated 9/25/08. 3. The governing body failed to provide sufficient operating direction over the facility to ensure continued correction of past deficiencies related to ensuring the collection of data was accurate and allowed the team to make informed decisions on the effectiveness of program strategies. The facility was previously cited at W237 during a recertification survey dated 9/25/08. 4. The governing body failed to provide sufficient operating direction over the facility to ensure continued correction of past deficiencies related to ensuring systematic interventions were incorporated into individuals' plans. The facility was previously cited at W289 during a complaint survey dated 7/2/08, a recertification survey dated 9/25/08, and a complaint survey dated 2/6/09.			W 104			
W 157	483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. This STANDARD is not met as evidenced by:			W 157			

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W 157	<p>Continued From page 2</p> <p>Based on review of investigations, incident accident reports, record review, and staff interviews it was determined the facility failed to ensure appropriate corrective action was taken in response to falls resulting in injuries for 1 of 1 individual (Individual #1) for whom such incidents occurred. This resulted in a lack of appropriate follow up to the incidents. The findings include:</p> <p>1. Individual #1's IPP, dated 4/1/09, documented a 16 year old male diagnosed with severe mental retardation, autism, and seizure disorder.</p> <p>An Incident Accident Report, dated 4/6/09, stated Individual #1 had a seizure while in the shower and suffered an abrasion to the left side of his forehead. Under the sections titled Record Review Summary and Corrective Action, it stated "none."</p> <p>An Incident Accident Report, dated 4/12/09, stated Individual #1 was being toileted and staff turned around to throw his Attends (an incontinent brief) away when Individual #1 had a seizure and fell. He hit his head and suffered an abrasion to the back of his head. Under the section titled Record Review Summary, it stated "none." Under the section titled Corrective Action, it stated "Get any and all supplies needed before going to the bathroom to ensure the safety of [Individual #1]." As stated, the corrective action of getting supplies beforehand was not appropriate given that staff had necessary supplies and was disposing of Individual #1's attends when the incident occurred.</p> <p>An investigation, dated 4/15/09, showed Individual #1 had a seizure and fell while he was in the shower on 4/6/09. The investigation stated</p>	W 157	<p>W 157 483.420(d)(4) STAFF TREATMENT OF CLIENTS</p> <p>All I&A reports will be reviewed to have the correct sections filled out. The review summary and corrective action sections will be completed. Fall risk assessments will be re-done every 6 months to maintain up-dated and correct information. Prevention protocol will be put into place for all residents that the assessment indicates it for. Client #1 has been changed to a bath, and will continue to be monitored monthly, by observations. All clients will be assessed for falls, all I&A's will be closely monitored monthly, to ensure the deficient does not recur.</p> <p>This will be completed by the RN, LPN, QMRP, and the Administrator by 9/28/09.</p>		

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W 157	<p>Continued From page 3</p> <p>he hit the left side of his forehead and landed on the lip of the shower with his left side. The investigation stated "[Individual #1] was acting like he did not want to walk." On 4/12/09, Individual #1 had another seizure and fell on his right side. The investigation stated he was taken to a nearby hospital for an exam and x-rays. According to the investigation, Individual #1 was sent home as nothing was wrong with him. The investigation stated that on the following day (4/13/09) the physician called the facility and stated Individual #1 fractured his right pelvis.</p> <p>However, the hospital report, dated 4/12/09, stated pathological findings were not discovered but "Do not allow him to walk tomorrow and allow him to use a wheelchair...follow up with [physician] in the clinic tomorrow." The clinic report, dated 4/13/09, documented that after the 4/6/09 fall, Individual #1 "had been refusing to walk" and after the 4/12/09 fall, Individual #1 had become increasingly agitated including self-biting. The clinic report documented Individual #1 had a right iliac wing (the uppermost and the largest bone of the pelvis that is composed of two major parts in humans: the body and the ala) fracture.</p> <p>Further, Individual #1's record contained a Fall Risk Assessment, dated 11/28/08, 12/3/08, and 12/22/08 which showed he was "High Risk" for potential falls. The Assessment stated "A prevention protocol should be initiated immediately and documented on the individual program plan." No prevention protocol could be found in Individual #1's IPP.</p> <p>When asked, the Administrator stated on 7/13/09 at 10:25 a.m., Individual #1 was "still currently showering." When asked, the LPN stated during</p>			W 157			

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W 157	Continued From page 4 an interview on 7/16/09 from 10:35 a.m. - 12:45 p.m., Individual #1 did not have a prevention protocol related to falls. The Administrator, who was present during the 7/16/09 interview, stated a bathing program was put in place for Individual #1 on 7/13/09. The facility failed to ensure corrective action was taken to prevent Individual #1 from experiencing reoccurring falls. Repeat deficiency.			W 157			
W 159	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. This STANDARD is not met as evidenced by: Based on observation, record review, and staff interviews it was determined the facility failed to ensure the QMRP provided sufficient monitoring and coordination for 7 of 7 individuals (Individuals #1 - #7) residing at the facility. That failure resulted in individuals not receiving the necessary services, supports, and training required to meet their health, safety, and behavioral needs. The findings include: 1. Refer to W157 as it relates to the facility's failure to ensure the QMRP ensured an individual had a fall prevention protocol. 2. Refer to W231 as it relates to the facility's failure to ensure the QMRP ensured individuals' objectives contained measurable indices of performance.			W 159	W 159 483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL In order to ensure that the QMRP provides sufficient monitoring and coordination of the status of the Courtyard Clients, and to ensure that the individuals receive the necessary services, supports and training to meet their health, safety, and behavioral needs. The plan of correction for the following Federal listed under W 159 will serve as the plan of correction to ensure individuals residing at Courtyard will receive services and required training to meet their development and behavioral needs. In addition the QMRP is receiving additional training to ensure that W159 will not recur, and disciplinary action will be taken.		

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W 159	Continued From page 5 3. Refer to W234 as it relates to the facility's failure to ensure the QMRP ensured behavior management programs contained specific instructions to staff. 4. Refer to W237 as it relates to the facility's failure to ensure the QMRP ensured the type of data collected for individuals' maladaptive behaviors provided sufficient information. 5. Refer to W239 as it relates to the facility's failure to ensure the QMRP ensured individuals received appropriate training to replace their maladaptive behaviors. 6. Refer to W289 as it relates to the facility's failure to ensure the QMRP ensured 1:1 level of supervision was incorporated in individuals' BMPs. 7. Refer to W295 as it relates to the facility's failure to ensure the QMRP ensured unauthorized restraints were not used. 8. Refer to W488 as it relates to the facility's failure to ensure the QMRP ensured individuals ate in a manner consistent with their developmental levels and were provided meals in a family style manner. The cumulative effect of these negative facility practices significantly impeded the ability of the facility to provide services to meet the health, safety, and behavioral needs of individuals residing in the facility.	W 159	Please refer to W157, W231, W234 W237, W239, W289, W295, and W488 for specific information Relating to those deficiencies. To be completed by the QMRP, AQMRP, Behavioral Specialist, and Administrator by 09/28/09.		
W 231	483.440(c)(4)(iii) INDIVIDUAL PROGRAM PLAN The objectives of the individual program plan	W 231			

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W 231	<p>Continued From page 6</p> <p>must be expressed in behavioral terms that provide measurable indices of performance.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure the objectives of the IPP were behaviorally stated in measurable terms so as to accurately monitor progress towards the objectives for 4 of 4 individuals (Individuals #1 - #4) whose IPPs and program objectives were reviewed. This resulted in individuals participating in activities for which progress and regression could not be assessed. The findings include:</p> <p>1. Individual #1's IPP, dated 4/1/09, documented a 16 year old male diagnosed with severe mental retardation, autism, and seizure disorder.</p> <p>His IPP included a list of formal objectives which were not expressed in behaviorally stated, measurable terms. Examples include, but are not limited to, the following:</p> <p>a. "[Individual #1] will void on the toilet 60% of the trials for 6 consecutive months." It was not clear if the criteria was 60% each month for 6 consecutive months or if it was 60% of all trials for 6 consecutive months.</p> <p>b. "[Individual #1] will brush his teeth for 30 seconds with hand over hand assistance 95% of the trials for 6 consecutive months." It was not clear if the criteria was 95% each month for 6 consecutive months or if it was 95% of all trials for 6 consecutive months.</p> <p>c. "[Individual #1] will rinse himself for 30 seconds</p>	W 231	<p>W 231 483.440(c)(4)(iii) INDIVIDUAL PROGRAM PLAN</p> <p>To avoid deficiencies like the one described, the facility will review the wording of the objectives and determine other approaches to take to monitor progress or regression towards objective goals, which may include changing the word of the actual objectives. For all Courtyard elients this has corrected as of 08/05/09. Review of all clients Q books will be done quarterly to ensure the deficient does not recur.</p> <p>To be completed by the QMRP, AQMRP, and Administrator by 08/05/09.</p>		

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W 231	<p>Continued From page 7</p> <p>with hand over hand assistance 95% of the trials for 6 consecutive months." It was not clear if the criteria was 95% each month for 6 consecutive months or if it was 95% of all trials for 6 consecutive months.</p> <p>d. "[Individual #1] will sign eat with hand over hand assistance to start 95% of the trials for 6 consecutive months." It was not clear if the criteria was 95% each month for 6 consecutive months or if it was 95% of all trials for 6 consecutive months.</p> <p>When asked, the QMRP stated during an interview on 7/16/09 from 10:35 a.m. - 12:45 p.m., the intent was to obtain the percentage on a monthly basis, and then uphold that percentage for 6 consecutive months.</p> <p>2. Individual #2's IPP, dated 3/13/09, documented a 20 year old male diagnosed with moderate mental retardation and pervasive developmental disorder, NOS.</p> <p>His IPP included a list of formal objectives which were not expressed in behaviorally stated, measurable terms. Examples include, but are not limited to, the following:</p> <p>a. "[Individual #2] will get some shampoo with 2 verbal prompts or less 80% of the trial [sic] for 6 consecutive months." It was not clear if the criteria was 80% each month for 6 consecutive months or if it was 80% of all trials for 6 consecutive months.</p> <p>b. "[Individual #2] will put some soap on the washcloth with 2 verbal prompts or less 80% of the trial [sic] for 6 consecutive months." It was</p>			W 231			

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W 231	<p>Continued From page 8</p> <p>not clear if the criteria was 80% each month for 6 consecutive months or if it was 80% of all trials for 6 consecutive months.</p> <p>c. "[Individual #2] will wash his entire body with 5 verbal prompts or less 80% of the trials for 6 consecutive months." It was not clear if the criteria was 80% each month for 6 consecutive months or if it was 80% of all trials for 6 consecutive months.</p> <p>d. "[Individual #2] will look both ways before crossing the street with 2 verbal prompts or less 80% of the trial [sic] for 6 consecutive months." It was not clear if the criteria was 80% each month for 6 consecutive months or if it was 80% of all trials for 6 consecutive months.</p> <p>When asked, the QMRP stated during an interview on 7/16/09 from 10:35 a.m. - 12:45 p.m., the intent was to obtain the percentage on a monthly basis, and then uphold that percentage for 6 consecutive months.</p> <p>3. Individual #3's IPP, dated 4/7/09, documented a 10 year old female whose diagnoses included autism and moderate mental retardation.</p> <p>Her IPP included a list of formal objectives which were not expressed in behaviorally stated, measurable terms. Examples include, but are not limited to, the following:</p> <p>a. "[Individual #3] will write numbers 1-30 with 10 verbal prompts or less 60% of the trials for 3 consecutive months." It was not clear if the criteria was 60% each month for 3 consecutive months or if it was 60% of all trials for 3 consecutive months.</p>	W 231			

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W 231	<p>Continued From page 9</p> <p>b. "[Individual #3] will stand on one leg without support for 3 seconds 80% of the trials for 6 consecutive months." It was not clear if the criteria was 80% each month for 6 consecutive months or if it was 80% of all trials for 6 consecutive months.</p> <p>c. "[Individual #3] will put deodorant on with 4 verbal prompts or less 80% of the trials for 3 consecutive months." It was not clear if the criteria was 80% each month for 3 consecutive months or if it was 80% of all trials for 3 consecutive months.</p> <p>When asked, the QMRP stated during an interview on 7/16/09 from 10:35 a.m. - 12:45 p.m., the intent was to obtain the percentage on a monthly basis, and then uphold that percentage for 3 to 6 consecutive months.</p> <p>4. Individual #4's IPP, dated 6/3/09, documented a 18 year old male whose diagnoses included autism and profound mental retardation.</p> <p>His IPP included a list of formal objectives which were not expressed in behaviorally stated, measurable terms. Examples include, but are not limited to, the following:</p> <p>a. "[Individual #4] will put deodorant a specific verbal cue 75% of the trials for 6 consecutive months." It was not clear if the criteria was 75% each month for 6 consecutive months or if it was 75% of all trials for 6 consecutive months.</p> <p>b. "[Individual #4] will brush his hair for 10 seconds with a specific verbal prompt or less 80% of the trials for 6 consecutive months." It</p>	W 231			

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W 231	Continued From page 10 was not clear if the criteria was 80% each month for 6 consecutive months or if it was 80% of all trials for 6 consecutive months. c. "[Individual #4] will put his plate in the dishwasher with a specific verbal cue 80% of the trials for 6 consecutive months." It was not clear if the criteria was 80% each month for 6 consecutive months or if it was 80% of all trials for 6 consecutive months. When asked, the QMRP stated during an interview on 7/16/09 from 10:35 a.m. - 12:45 p.m., the intent was to obtain the percentage on a monthly basis, and then uphold that percentage for 6 consecutive months.	W 231		
W 234	The facility failed to ensure Individuals #1 - #4's objectives were measurable. 483.440(c)(5)(i) INDIVIDUAL PROGRAM PLAN Each written training program designed to implement the objectives in the individual program plan must specify the methods to be used. This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure clear direction to staff was provided in each written training program for 2 of 5 individuals (Individuals #2 and #5) whose behavior management plans were reviewed. This resulted in a lack of instructions to staff being included in individuals' programs. The findings include: 1. Individual #5's BMP, dated 3/13/09, stated if engaged in threats of suicide, staff were to immediately call the Administrator, RSC, QMRP, or AQMRP, then complete a behavior slip. There	W 234	W 234 483.440(c)(5)(i) INDIVIDUAL PROGRAM PLAN BMP plans will be revised for all clients residing at Courtyard on an as needed basis, and yearly at the IPP to ensure clear directions to all staff working at Courtyard. For client #2 and #5, there BMP's will be revised by 08/31/09. The BMP's will match facility policies, the bmp, the behavioral assessment, and the IPP will all match. Quarterly reviews will be done and documented with all Courtyard clients to ensure this deficient will not recur. To be completed by the QMRP, AQMRP, Behavioral Specialist, And the Administrator by 09/16/09.	

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W 234	<p>Continued From page 11</p> <p>was no direction to staff to immediately intervene to ensure Individual #5's safety.</p> <p>The BMP stated staff were to monitor him 1:1 at all times for 24 hours or until instructed by the Administrator. The BMP did not define 1:1 (i.e., arm's length, line of sight) or what to do to ensure Individual #5's safety.</p> <p>The BMP stated the Administrator, RSC, QMRP, AQMRP, or Nurse was to complete a suicide assessment and make an assessment as to the severity of the risk. There were no directions as to when the assessment would be completed and what to do until the assessment was completed.</p> <p>The BMP stated staff were to complete a room and home assessment and remove potentially harmful items and store them where he did not have access to them. A body search was not included in the BMP.</p> <p>Additionally, the interventions specified in Individual #5's BMP was not consistent with the facility's Suicide Guidelines, dated 6/12/09. When asked, the Administrator stated during an interview on 7/16/09 from 10:35 a.m. - 12:45 p.m., the BMP needed to be revised.</p> <p>Further, Individual #5's Behavior Assessment, dated 11/16/08, stated "[Individual #5] has exhibited behaviors and physical changes indicating the onset of puberty. [Individual #5] has recently started to vocalize, across all settings, inappropriate sexually-oriented remarks. [Individual #5] has also attempted to inappropriately touch females."</p> <p>Individual #5's BMP, dated 3/13/09, did not</p>	W 234			

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W 234	<p>Continued From page 12</p> <p>contain instructions to staff related to sexually-oriented remarks and inappropriately touching females. When asked, the QMRP stated during an interview on 7/16/09 from 10:35 a.m. - 12:45 p.m., Individual #5 did not have plans for those behaviors.</p> <p>2. Individual #2's IPP, dated 3/13/09, documented a 20 year old male diagnosed with moderate mental retardation and pervasive developmental disorder, NOS.</p> <p>Individual #2's BMP, dated 3/13/09, stated if he attempted to bang his head, "the helmet may be used for up to two minutes..." As stated, staff had a choice to use the helmet to protect him. His BMP stated if he continued, staff were to give him 5 minutes of alone time. As stated, Individual #2 would be allowed to continue to hurt himself for up to 5 minutes without intervention.</p> <p>When asked, the AQMRP stated during an interview on 7/16/09 from 10:35 a.m. - 12:45 p.m., the helmet had to be used for head banging and Individual #2 was not to be left alone in his room during that time.</p> <p>3. Refer to W289 as it relates to the facility's failure to ensure techniques used to manage inappropriate behavior were incorporated into individuals' program plans.</p> <p>The facility failed to ensure Individuals #2 and #5's behavior management programs contained specific instructions to staff and were consistent with the facility's policies.</p>			W 234			
W 237	<p>483.440(c)(5)(iv) INDIVIDUAL PROGRAM PLAN</p> <p>Each written training program designed to</p>			W 237			

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W 237	<p>Continued From page 13</p> <p>implement the objectives in the individual program plan must specify the type of data and frequency of data collection necessary to be able to assess progress toward the desired objectives.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure the type of data collected was sufficient to determine the efficacy of the intervention strategies for 4 of 5 individuals (Individuals #1, #2, #4, and #6) whose behavior management programs and data collection sheets were reviewed. By not ensuring appropriate data collection, the facility could not make objective decisions regarding the individuals' success or lack of success. The findings include:</p> <p>1. Individuals #1, #2, #4, and #6's records documented they displayed the following maladaptive behaviors:</p> <p>a. Individual #1 engaged in hurting himself (hitting, pinching, scratching, biting, head banging, and slapping), hurting others (hitting, pinching, scratching, slapping, pulling hair, and biting), being uncooperative (non-compliance and leaving designated area unassisted), food grabbing, and unusual behavior (putting non-food items in his mouth).</p> <p>b. Individual #2 engaged in hurting himself (hitting, biting, and head banging), hurting others (hitting, shoving, and kicking), being uncooperative (refusing to listen and follow directions, and dropping to the floor) and elopement (going outside without permission and leaving the area without permission).</p>	W 237	<p>W 237 483.440(c)(5)(iv) INDIVIDUAL PROGRAM PLAN</p> <p>The facility will revise the Behavioral collection slips for all clients residing at Courtyard to ensure that the type of data collected is sufficient to determine the efficacy of the intervention strategies. The target behaviors will be consistent with the BMP, and the list of interventions, will be linked to the targeted behaviors. All clients that require behavioral data will have revised ABC collection slips to ensure that the deficient will not recur.</p> <p>To be completed by the QMRP, AQMRP, Behavioral Specialist, and Administrator By 09/16/09.</p>		

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W 237	<p>Continued From page 14</p> <p>c. Individual #4 engaged in socially offensive behavior (spitting and audibly burping).</p> <p>d. Individual #6 engaged in hurting herself (head banging, biting, hitting, and kicking) and hurting others (hitting, biting, pinching, scratching, kicking, and head butting).</p> <p>The individuals' behavior slips were reviewed. The slips contained three sections titled Antecedent, Behavior, and Consequence. Staff were to hand write the antecedent.</p> <p>The Behavior section contained a list of target behaviors. However, the target behaviors were inconsistent with each individual's BMP. Staff were to document a tally mark or number for how many times the behavior occurred.</p> <p>The Consequence contained a list of interventions. Staff were to document a tally mark or number for how many times the intervention was used. However, the list of interventions was not in any specific order and they were not linked to the target behavior for which they were intended.</p> <p>Further, the data was not accurate. For example, Individual #1's Behavior Slip, dated 3/26/09 from 4:40 - 5:45 p.m., showed the following:</p> <ul style="list-style-type: none"> - Antecedent: "unknown" - Behavior: bit self 3 times, slapped self 20 times, and non compliant 23 times. - Consequence: folded arms 23 times, verbal direction 23 times, physical redirection 23 times. <p>Individual #2's Behavior Slip, dated 6/7/09 at 6:00 p.m., showed the following:</p>	W 237			

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W 237	<p>Continued From page 15</p> <ul style="list-style-type: none"> - Antecedent: "unknown" - Behavior: hit others 8 times, kicked others 7 times, slapped others 10 times, pushed/shoved others 12 times, threw garbage can and garbage and his helmet, hit self 8 times, slapped self 4 times, bit self 8 times, head banged 3 times, refused to follow directions 68 times, and yelled 4 times. - Consequence: feeling cards were not used and did not work, gait belt was not used, and his helmet was used 2 times for 2 minutes. <p>However, an Incident Accident Report, dated 6/7/09 at 6:00 p.m. and attached to the 6/7/09 Behavior Slip, stated "sat down next to the fridge banged the back of his head on the [sic] twice also banged the side of his face on the fridge."</p> <p>Individual #6's Behavior Slip, dated 2/21/09 from 7:45 - 8:05 p.m., showed the following:</p> <ul style="list-style-type: none"> - Antecedent: "no reason" - Behavior: hit others 3 times, head butted others 2 times, pinched others 5 times, hit self 7 times, head banged on the floor 1 time, yelled for 20 minutes, refused to follow directions 10 times, and was non-compliant. - Consequence: quiet time was provided 1 time and counseling on the proper behavior occurred 18 times. <p>However, an Incident Accident Report, dated 2/21/09 at 8:00 p.m. and attached to the 2/21/09 Behavior Slip, stated "head banged on floor."</p> <p>When asked, the Administrator stated during an interview on 7/16/09 from 10:35 a.m. - 12:45 p.m., the numbers identified on the behavior slips were estimates. The Behavior Specialist, who was present during the interview, stated they did</p>	W 237			

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W 237	Continued From page 16 not collect ABC data in a narrative format. Without comprehensive data regarding the antecedent events, the behavior, and the consequence of the behavior, it would not be possible for the facility to adequately assess whether or not the individuals' behavior intervention strategies were adequate. Further, the facility would not be able to identify what precipitated the behavior, what exact behavior occurred, whether or not the staff implemented the appropriate intervention, and whether or not the intervention was effective. The facility failed to ensure the type of data collected for individuals' maladaptive behaviors provided sufficient information to adequately assess the efficacy of the intervention strategies.	W 237			
W 239	Repeat Deficiency. 483.440(c)(5)(vi) INDIVIDUAL PROGRAM PLAN Each written training program designed to implement the objectives in the individual program plan must specify provision for the appropriate expression of behavior and the replacement of inappropriate behavior, if applicable, with behavior that is adaptive or appropriate. This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure appropriate replacement behaviors were identified and incorporated into the behavior management programs for 3 of 5 individuals (Individuals #1, #5, and #6) whose behavior assessments and behavior management	W 239	W 239 483.440(c)(5)(vi) INDIVIDUAL PROGRAM PLAN For Individuals #1, #5, & #6, there replacement behaviors will be changed so that the individuals receive appropriate training to replace there maladaptive behaviors. The replacement behaviors will be assessed for all Courtyard Clients that have maladaptive behaviors there replacement behaviors will be re-assessed to ensure the deficient will not recur. This will be reviewed quarterly. To be completed by the QMRP, AQMRP, Behavioral Specialist, and Administrator By 09/16/09.		

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W 239	<p>Continued From page 17</p> <p>programs were reviewed. This resulted in individuals not receiving appropriate training to replace their maladaptive behaviors. The findings include:</p> <p>1. Individual #5's Behavior Assessment, dated 11/16/08, stated he engaged in behavior that was hurtful to himself (biting and head banging), hurtful to others (hitting, biting, pinching, scratching, kicking, and head butting), uncooperative (refusing to do programs), disruptive (yelling/screaming), socially offensive (inappropriate touching, inappropriate sexual language, spitting, and swearing), and threats of suicide. His Assessment stated his maladaptive behaviors were "...for the most part, escape-avoidance motivated."</p> <p>Individual #5's BMP, dated 4/14/09, stated when he displayed behavior that was hurtful to himself or others, uncooperative, and socially offensive, staff were physically block him (if hurting self or others) and verbally prompt him to stop. If the behavior continued, staff were to prompt him to go to his "time out" chair. The BMP stated he was to remain in the chair for 10 minutes.</p> <p>Individual #5's replacement behaviors were listed in his BMP. The replacement behavior was identical to the listed intervention.</p> <p>Further, Individual #5's Behavior Assessment documented the replacement behavior for his maladaptive behaviors (hurtful to self and others, uncooperative, disruptive, socially offensive, and threats of suicide) was to use coping skills and problem solving skills.</p> <p>When asked, the QMRP stated during an</p>	W 239			

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W 239	<p>Continued From page 18</p> <p>interview on 7/16/09 from 10:35 a.m. - 12:45 p.m., there were no plans in place to teach Individual #5 coping skills and problem solving skills. When asked how the replacement behavior was related to the target behaviors, the QMRP stated during an interview on 7/16/09 from 10:35 a.m. - 12:45 p.m., they were not related.</p> <p>2. Individual #1's IPP, dated 4/1/09, documented a 16 year old male diagnosed with severe mental retardation, autism, and seizure disorder.</p> <p>Individual #1's Behavior Assessment, dated 11/22/08, stated he engaged in hurting himself (hitting, pinching, scratching, biting, head banging, and slapping), hurting others (hitting, pinching, scratching, slapping, pulling hair, and biting), and being uncooperative (non-compliance and leaving designated area unassisted). His Assessment stated his hurtful to self or others and being uncooperative was escape motivated.</p> <p>Individual #1's BMP, dated 4/1/09, stated when he displayed behavior that was hurtful to himself or others, staff were to physically intervene, verbally cue him to stop and fold his arms, and then immediately redirect him to another activity. His BMP stated when he displayed uncooperative behavior, staff were to give him a minute and re-cue him to the task. If he continued to refuse to cooperate, staff were to offer him 2 activities to choose from.</p> <p>Individual #1's replacement behaviors were listed in his BMP. The replacement behaviors were identical to the listed interventions.</p> <p>When asked how the replacement behaviors were related to the target behaviors, the QMRP</p>	W 239			

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W 239	<p>Continued From page 19</p> <p>stated during an interview on 7/16/09 from 10:35 a.m. - 12:45 p.m., they were not related and the BMP needed to be re-worked.</p> <p>3. Individual #6's Behavior Assessment, dated 5/18/09, stated she engaged in behavior that was hurtful to herself (head banging, biting, hitting, and kicking) and hurting others (hitting, biting, pinching, scratching, kicking, and head butting). Her Assessment stated her maladaptive behaviors were "...almost exclusively for attention."</p> <p>Individual #6's BMP, dated 5/29/09, stated when she displayed behavior that was hurtful to herself or others, staff were to show her the feeling cards (hungry, thirsty, cold, tied, annoyed, upset, mad).</p> <p>Individual #6's replacement behavior was listed in her BMP. The replacement behavior was identical to the listed intervention.</p> <p>When asked how the replacement behavior was related to the target behaviors, the QMRP stated during an interview on 7/16/09 from 10:35 a.m. - 12:45 p.m., they were not related.</p> <p>The facility failed to ensure Individuals #1, #5 and #6 received training to appropriately replace their maladaptive behaviors.</p>			W 239			
W 289	<p>483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</p> <p>The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart.</p>			W 289			

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W 289	<p>Continued From page 20</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review, and staff interviews it was determined the facility failed to ensure techniques used to manage inappropriate behavior were incorporated into the program plans for 3 of 5 individuals (Individuals #1, #2, and #5) whose behavior management programs were reviewed. This resulted in interventions being used that were not included in the individuals' behavior management programs. The findings include:</p> <p>1. During the entrance conference on 7/13/09 at 9:15 a.m., the Administrator stated all individuals, except Individuals #3 and #4, were staffed 1:1 for behavioral purposes. This was confirmed during observations conducted on 7/13/09 and 7/14/09 for a cumulative 3 hours 43 minutes.</p> <p>a. Individual #1's BMP, dated 4/1/09, stated he engaged in hurting himself (hitting, pinching, scratching, biting, head banging, and slapping), hurting others (hitting, pinching, scratching, slapping, pulling hair, and biting), and being uncooperative (non-compliance and leaving designated area unassisted).</p> <p>The 1:1 level of staff supervision was not incorporated into his BMP.</p> <p>b. Individual #2's BMP, dated 3/13/09, stated he engaged in hurting himself (hitting, biting, and head banging), hurting others (hitting, shoving, and kicking), being uncooperative (refusing to listen and follow directions, and dropping to the floor) and elopement (going outside without permission and leaving the area without</p>	W 289	<p>W 289 483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</p> <p>Individual's 1, 2, and 5 will have there BMP revised to add the one on one staffing plan. All clients residing at Courtyard that have one on one staffing will be reviewed and there BMP's updated to include there one on one staffing plan, to ensure the deficient will not recur. This will be reviewed Quarterly.</p> <p>To be completed by the QMRP, AQMRP, and The Administrator by 09/16/09.</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER PREFERRED COMMUNITY HOMES - COURTYARD			STREET ADDRESS, CITY, STATE, ZIP CODE 615 SECOND AVENUE WEST WENDELL, ID 83355		
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W 289	Continued From page 21 permission). The 1:1 level of staff supervision was not incorporated into his BMP. c. Individual #5's Behavior Assessment, dated 11/16/08 and BMP, dated 4/14/09, stated he engaged in behavior that was hurtful to himself (biting and head banging), hurtful to others (hitting, biting, pinching, scratching, kicking, and head butting), uncooperative (refusing to do programs), disruptive (yelling/screaming), socially offensive (inappropriate touching, inappropriate sexual language, spitting, and swearing), and threats of suicide. The 1:1 level of staff supervision was not incorporated into his BMP. When asked, the Administrator stated during an interview on 7/16/09 from 10:35 a.m. - 12:45 p.m., 1:1 supervision was identified in their IPPs but not incorporated into their BMPs. The facility failed to ensure the use of 1:1 supervision, used to manage individuals' maladaptive behavior, was included in their behavior management programs.	W 289			
W 295	Repeat Deficiency. 483.450(d)(1)(i) PHYSICAL RESTRAINTS The facility may employ physical restraint only as an integral part of an individual program plan that is intended to lead to less restrictive means of managing and eliminating the behavior for which the restraint is applied.	W 295			

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W 295	<p>Continued From page 22</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review, and staff interviews it was determined the facility failed to ensure physical restraints were employed only as an integral part of an individual's IPP, intended to lead to less restrictive means of managing and eliminating the behavior for 1 of 1 individual (Individual #6) for whom restraint was observed. This resulted in an individual being subjected to unauthorized physical restraints. The findings include:</p> <p>1. During an observation on 7/13/09 at 5:25 p.m., Individual #6 was noted to be sitting on the side of her bed, moaning. A staff person was noted to be standing in front of her. At 5:28 p.m., Individual #6 attempted to hit the staff. The staff blocked the hit and stated to Individual #6, "you're ok" and that she (the staff) did not know what Individual #6 wanted. Individual #6 continued to hit the staff and proceeded to kick her.</p> <p>The staff verbally prompted her to stop and cross her arms 5 times. Individual #6 did not respond and the staff physically placed Individual #6's arms in a crossed position and held them down. Individual #6 bent down and bit the staff person's left forearm. Staff verbally prompted Individual #6 to stop and cross her arms 3 times. Individual #6 continued to moan. Staff informed Individual #6 she was going to let go (of her arms) and Individual #6 kicked the staff. The staff continued to hold Individual #6's arms down, in a crossed position, another 10 seconds before releasing her.</p> <p>Individual #6's BMP, dated 5/29/09, did not include the use of placing her arms in a crossed position and did not allow holding her arms down.</p>	W 295	<p>W 295 483.450(d)(1)(i) PHYSICAL RESTRAINTS</p> <p>The facility will employ physical restraint only as an integral part of an individual program that is intended to lead to less restrictive means. Staff have been in-serviced on #6's BMP. staff training will be conducted quarterly on all BMP's to ensure the deficient will not recur.</p> <p>To be completed by the QMRP, AQMRP, and Administrator by 09/16/09.</p>		

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W 295	Continued From page 23	W 295		
W 488	<p>When asked, the AQMRP stated during an interview on 7/16/09 from 10:35 a.m. - 12:45 p.m., placing Individual #6's arms in a crossed position and holding her arms down was not in her BMP.</p> <p>The facility failed to ensure unauthorized restraints were not used with Individual #6.</p> <p>483.480(d)(4) DINING AREAS AND SERVICE</p> <p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>This STANDARD is not met as evidenced by: Based on observation and staff interviews, it was determined the facility failed to ensure each individual ate in a manner consistent with their developmental level for 3 of 3 individuals (Individuals #1, #6, and #7) observed during the dinner meal. This resulted in individuals not gaining independence that would further assist them to live in less restrictive environments. The findings include:</p> <p>1. An observation was conducted in the facility on 7/13/09 from 5:00 - 6:00 p.m. During that time, only 3 individuals (Individuals #1, #6, and #7) were noted to be in the facility.</p> <p>Individuals #1, #6, and #7 were noted to eat their evening meal, which started at 5:00 p.m. and ended at 5:15 p.m., with the following concerns:</p> <p>- Individual #1: Individual #1 placed a serving of tamale casserole, lettuce salad, and canned sliced pears in his scoop plate with hand over</p>	W 488	<p>W 488 483.480(d)(4) DINING AREAS AND SERVICES</p> <p>Individuals 1, 6, and 7 will be given divided plates, or separate plates, so that there meal will not be mixed all together. All staff will be in-serviced quarterly on training issue's related to dining, including but not limited to pouring, serving, and cutting, this will be done for all clients residing at Courtyard to ensure the deficient does not recur. Two tables or one long one will be purchased so that staff can be seated by the clients to model appropriate mealtime behavior and conversation to promote socialization and independence.</p> <p>To be completed by the QMRP, AQMRP, RSC, and the Administrator by 09/16/09.</p>	

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W 488	<p>Continued From page 24</p> <p>hand assistance from staff. He then placed a serving of corn on top of the pears with hand over hand assistance. Staff added Thousand Island salad dressing to the lettuce salad and used a rocker knife to cut the lettuce and carrots (that were in the salad). By the time the staff person completed the cutting task, much of the food was mixed on his plate. Staff poured milk in his glass for him. Individual #1 was noted to eat his meal with staff standing next to him.</p> <p>Staff did not ensure Individual #1's food items were kept separated and did not encourage or assist him to cut his salad and pour his milk.</p> <p>- Individual #6: Her family prepared her meals. It was noted that she was served her salad in a salad bowl. After she finished her salad, she was served enchiladas which were noted to be in a separate serving dish. Staff poured water in her glass for her.</p> <p>Staff did not ensure Individual #6 was involved in serving herself and pouring her own water.</p> <p>- Individual #7: Individual #7 placed a serving of tamale casserole, lettuce salad, corn, and canned sliced pears in his scoop plate with hand over hand assistance from staff. Staff added sour cream to the casserole and used a rocker knife to cut the lettuce and carrots (that were in the salad). By the time the staff person completed the cutting task, much of the food was mixed on his plate. Staff poured milk in his glass for him. Individual #7 was noted to eat his meal with staff standing next to him.</p> <p>Staff did not ensure Individual #7's food items were kept separated and did not encourage or</p>	W 488			

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W 488	<p>Continued From page 25</p> <p>assist him to cut his salad and pour his milk.</p> <p>Present staff were asked about sitting and eating with the individuals. One staff stated there usually wasn't enough room at the table. A second staff stated they never ate with the individuals and they had always stood. When asked about the possibility of two tables to ensure sufficient seating space, the AQMRP, who was present, stated they never tried two tables.</p> <p>During an observation on 7/14/09 from 6:15 - 7:30 a.m., Individuals #1 - #7 were noted to be seated at the dining room table. There was a staff person standing between each individual.</p> <p>It was noted that Individual #7 placed a serving of oatmeal, a banana, and a slice of toast in his non-divided high sided plate with hand over hand assistance from a staff person. The staff person used a rocker knife and cut the banana and toast into bite size pieces. By the time the staff person completed the cutting task, the food was mixed in his plate. Staff poured milk in his glass for him. Individual #7 was noted to eat his meal with staff standing next to him.</p> <p>Staff did not ensure Individual #7's food items were kept separated and did not encourage or assist him to cut his toast and banana and pour his milk.</p> <p>When asked, the Administrator stated during an interview on 7/16/09 from 10:35 a.m. - 12:45 p.m., they had never done family style dining.</p> <p>The facility failed to ensure meals were served in a family style manner such that individuals' food items were kept separated as appropriate, and</p>	W 488			

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W 488	Continued From page 26 sufficient seating was available such that staff were able to model appropriate mealtime behavior and conversation to promote socialization and independence by sitting at the table with them.			W 488			

Bureau of Facility Standards

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NAME OF PROVIDER OR SUPPLIER PREFERRED COMMUNITY HOMES - COURTYA		STREET ADDRESS, CITY, STATE, ZIP CODE 615 SECOND AVENUE WEST WENDELL, ID 83355		
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MM177	16.03.11.075.09 Protection from Abuse and Restraint Protection from Abuse and Unwarranted Restraints. Each resident admitted to the facility must be protected from mental and physical abuse, and free from chemical and physical restraints except when authorized in writing by a physician for a specified period of time, or when necessary in an emergency to protect the resident from injury to himself or to others (See also Subsection 075.10). This Rule is not met as evidenced by: Refer to W157.	MM177	MM177 16.03.11.075.09 Protection from Abuse and Restraint. Refer to W157.	
MM191	16.03.11.075.09(c) Last Resort Physical restraints must not be used to limit resident mobility for the convenience of staff, and must comply with life safety requirements. If a resident's behavior is such that it will result in injury to himself or others and any form of physical restraint is utilized, it must be in conjunction with a treatment procedure designed to modify the behavioral problems for which the patient is restrained and, as a last resort, after failure of attempted therapy. This Rule is not met as evidenced by: Refer to W295.	MM191	MM191 16.03.11.075.09(c) Last Resort Refer to W295	
MM197	16.03.11.075.10(d) Written Plans Is described in written plans that are kept on file in the facility; and This Rule is not met as evidenced by: Refer to W289.	MM197	MM197 16.03.11.075.10(d) Written Plans Refer to W289.	

Bureau of Facility Standards

Teresa Carpenter

TITLE

Admin

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Bureau of Facility Standards

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MM380	Continued From page 1	MM380	MM380 16.03.11.120.03(a) Building and Equipment	
MM380	16.03.11.120.03(a) Building and Equipment The building and all equipment must be in good repair. The walls and floors must be of such character as to permit frequent cleaning. Walls and ceilings in kitchens, bathrooms, and utility rooms must have smooth enameled or equally washable surfaces. The building must be kept clean and sanitary, and every reasonable precaution must be taken to prevent the entrance of insects and rodents. This Rule is not met as evidenced by: Based on observation, it was determined the facility failed to ensure the facility was kept clean, sanitary, and in good repair for 7 of 7 individuals (Individuals #1 - #7) residing in the facility. The findings include: An environmental survey was conducted on 7/16/09 from 9:20 - 9:40 a.m. and the following concerns were noted: - There was an 8 inch strip of linoleum lifted from the dining room floor, presenting a trip hazard. - Individual #5's plastic hygiene box was broken and contained sharp edges. His cloth "time out" chair contained multiple stains. His bedroom window was missing the screen. - The P-trap on the sink in the back bathroom contained black crusty debris on the fitting. - There was no shower curtain in the front bathroom. - There were 2 pieces of trim missing from the right forward corner on the exterior of the house.	MM380 MM380	The building and all equipment will be in good repair. The dining room floors will be replaced on 09/10/09. All hygiene box's have been replaced. The P-trap under the sink has been cleaned of all debris. Shower curtain has been bought and hung up in the front bathroom. The missing trim has been replaced on the exterior of the house.	

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MM520	Continued From page 2	MM520		
MM520	16.03.11.200.03(a) Establishing and Implementing policies The administrator will be responsible for establishing and implementing written policies and procedures for each service of the facility and the operation of its physical plant. He must see that these policies and procedures are adhered to and must make them available to authorized representatives of the Department. This Rule is not met as evidenced by: Refer to W104.	MM520	MM520 16.03.11.200.03(a) Establishing and implementing Policies Refer to W104	
MM660	16.03.11.250.05 General Diets The general menu must provide for the food and nutritional needs of the resident in accordance with the Recommended Daily Allowances of the Food and Nutritional Board of the National Academy of Service. A daily guide must be based on the following allowances: This Rule is not met as evidenced by: Refer to W488.	MM660	MM660 16.03.11.250.05 General Diets Refer to W488	
MM725	16.03.11.270.01(b) QMRP The QMRP is responsible for supervising the implementation of each resident's individual plan of care, integrating the various aspects of the program, recording each resident's progress and initiating periodic review of each individual plan for necessary modifications or adjustments. This function may be provided by a QMRP outside the facility, by agreement. This Rule is not met as evidenced by: Refer to W159.	MM725	MM725 16.03.11.270.01(b) QMRP Refer to W159	

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MM730	Continued From page 3	MM730		
MM730	16.03.11.270.01(d)(i) Diagnostic and Prognostic Data Based on complete and relevant diagnostic and prognostic data; and This Rule is not met as evidenced by: Refer to W237.	MM730	MM730 16.03.11.270.01(d)(i) Diagnostic and Prognostic Data Refer to W237	
MM731	16.03.11.270.01(d)(ii) Measurable Behavioral Terms Stated in specific measurable behavioral terms that permit the progress of the individual to be assessed; and This Rule is not met as evidenced by: Refer to W231.	MM731	MM731 16.03.11.270.01(d)(ii) Measurable Behavioral Terms Refer to W231	
MM855	16.03.11.270.08(c) Training and Habilitation Record There must be a functional training and habilitation record for each resident maintained by and available to all training and habilitation staff which shows evidence of training and habilitation service activities designed to meet the objectives set for every resident. This Rule is not met as evidenced by: Refer to W234 and W239.	MM855	MM855 16.03.11.270.08(c) Training and Habilitation Record Refer to W234 and W239.	

09/15/09

The following is an addendum to my original POC, from the July 16th, 2009 Courtyard survey.

W 488 483.480(d)(4)
DINING AREA AND SERVICES

The two tables have been ordered and will arrive on or about November 1st, 2009. They have been ordered thru Wilson-Bates, in Twin Falls, Idaho. Family style dining will begin when the tables arrive.

Teresa Carpenter

Teresa Carpenter
Administrator

RECEIVED

SEP 15 2009

FACILITY STANDARDS